

FEDERAL COMMUNICATIONS COMMISSION
APPLICATION FOR SATELLITE SPACE AND EARTH STATION AUTHORIZATIONS
Technical and Operational Description)

(Place an "X" in one of the blocks below)

License of New Station Registration of new Domestic Receive-Only Station Amendment to a Pending Application Modification of License/Registration Notification of Minor Modification

B1. Location of Earth Station Site. If temporary-fixed, mobile, or VSAT remote facility, specify area of operation and point of contact. If VSAT hub station, give its location. For VSAT networks attach individual Schedule B, Page 1 sheets for each hub station and each remote station. Individually provide the Location, Points of Communications, and Destination Points for each hub and remote station.

B1a. Station Call Sign		B1b. Site identifier (HUB, REMOTE1, etc.) SITE 1		B1c. Telephone Number 701 662-1100		B1j. Geographic Coordinates N/S, Deg. - Min. - Sec. - E/W		B1k. Lat./Lon. Coordinates are:	
B1d. Mailing Street Address of Station or Area of Operation 211 22nd St. NW PO Box 180		B1e. Name of Contact Person Rich Ellison		Lat. 48° 7' 50.0" Lon. 98° 52' 9.0"		<input type="checkbox"/> NAD-27 <input checked="" type="checkbox"/> NAD-83			
B1f. City Devils Lake	B1g. County Ramsey	B1h. State ND	B1i. Zip Code 58301		B1l. Site Elevation (AMSL) 445.62m / 1462.0 ft				

B2. Points of Communications: List the names and orbit locations of all satellites with which this earth station will communicate. The entry "ALSAT" is sufficient to identify the names and locations of all satellite facilities licensed by the U.S. All non-U.S. licensed satellites must be listed individually.

Satellite Name and Orbit Location	Satellite Name and Orbit Location	Satellite Name and Orbit Location
ALSAT		

B3. Destination points for communications using non-U.S. licensed satellites. For each non-U.S. licensed satellite facility identified in section B2 above, specify the destination point(s) (countries) where the services will be provided by this earth station via each non-U.S. license satellite system. Use additional sheets as needed.

Satellite Name	List of Destination Points

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FCC Form 312 - Schedule B: (Technical and Operational Description)**

If VSAT Network, provide the SITE-ID (Item B1b) of the station that B8-B13 are in response to (HUB, REMOTE1, etc.):

B8. If the proposed antenna(s) operate in the Fixed Satellite Service (FSS) with geostationary satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a) and (b) as demonstrated by the manufacturer's qualification measurements? If NO, provide as an exhibit, a technical analysis showing compliance with two-degree spacing policy.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO												
B9. If the proposed antenna(s) do not operate in the Fixed Satellite Service (FSS), or if they operate in the Fixed Satellite Service (FSS) with non-geostationary satellites, do(es) the proposed antenna(s) comply with the antenna gain patterns specified in Section 25.209(a2) and (b) as demonstrated by the manufacturer's qualification measurement?	<input type="checkbox"/> YES	<input type="checkbox"/> NO												
B10. Is the facility operated by remote control? If YES, provide the location and telephone number of the control point.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO												
Remote Control Point Location:														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4" style="padding: 2px;">B10a. Street Address</td> </tr> <tr> <td style="width:33%; padding: 2px;">B10b. City</td> <td style="width:33%; padding: 2px;">B10c. County</td> <td style="width:17%; padding: 2px;">B10.d. State/Country</td> <td style="width:17%; padding: 2px;">B10e. Zip Code</td> </tr> <tr> <td style="padding: 2px;">B10f. Telephone Number</td> <td colspan="3" style="padding: 2px;">B10g. Call Sign of Control Station (if appropriate)</td> </tr> </table>			B10a. Street Address				B10b. City	B10c. County	B10.d. State/Country	B10e. Zip Code	B10f. Telephone Number	B10g. Call Sign of Control Station (if appropriate)		
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B11. Is frequency coordination required? If YES, attach a frequency coordination report as an exhibit.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO												
B12. Is coordination with another country required? If YES, attach the name of the country(ies) and plot of coordination contours as an exhibit.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO												
B13. FAA Notification - (See 47 CFT Part 17 and 47 CFT Part 25.113(c)) Where FAA notification is required, have you attached a copy of a completed FCC Form 854 and/or the FAA's study regarding the potential hazard of the structure to aviation? FAILURE TO COMPLY WITH 47 CFT PARTS 17 AND 25 WILL RESULT IN THE RETURN OF THIS APPLICATION	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO												